LESSONS LEARNED THE JACKSONVILLE EXPERIENCE

Riding the Wave!

Block 4

LCDR Keith Lastrapes
NC USN CHE

AREAS OF IMPACT

- Leadership: Support is imperative!
- Environment: Receptiveness to change
- Training: Standardized and consistent
- Monitoring: Application and compliance

LEADERSHIP

- Leaders MUST:
  - Understand the criticality of their support
  - Allow for honest assessment of current business rules/processes
  - Understand the inter-relationships between APS, NED, PCMBN, E-Appointing, etc
  - Support the transition team and demand compliance/adherence throughout the command

LEADERSHIP

- Clinical Directors briefed
  - Issues, importance, requirements, etc
  - Timetable detailed
- Tiger Team appointed by ESC
  - Aligned under the Primary Care QMB
- Identified “biggest bang” area

TIGER TEAM LEADER

- Ensure all team members have ALL relevant material
- Differentiate “technical” from “process”
- **DO NOT** take for granted the need to “train” team members
- Provide support, guidance, and presence

ENVIRONMENT

- Assess command climate/environment
- Understand current internal processes
- Identify internal and external customers
- Understand MCSC contract

ENVIRONMENT

- Command in midst of change
  - Organizational realignments
  - Implementation of MCP booking, consult tracking, and appointment standardization
- Centralized and decentralized appointing
- Core MTF and 6 Branch Clinics
- Absence of CHCS training program

ENVIRONMENT

INTERNAL PROCESSES

- Centralized appointing at core facility
- Decentralized appointing at BMCs
- Decentralized template management
- Multiple appointing “points”

ENVIRONMENT

CUSTOMERS

- Beneficiaries
- Clinic staffs
- Template managers
- BUMED
- TMA

ENVIRONMENT

- Understand your MCSC
  - Central appointing?
  - MTF and/or network?
- Training requirements
- Monitoring for compliance

TRAINING

- Identify ALL appointing personnel
- Determine WHO needs appointing access
- Develop a training schedule
- Identify “superuser” in each clinical area
- Develop training lesson plan
  - Commander’s Guide excellent source
  - Utilize network opportunities

TRAINING

- Initial training without emphasis on ATC
- Behaviors developed and in place
- Use of “future” or “wellness” dominant
- MINIMAL documentation of refusals
- Resistance to “take extra steps”
- Need for specific template managers training

TRAINING

- Focused initially on the Central Appointment Office
- Provided training to clinic staffs
- Get training to remote branch clinics
- Continuing to move training throughout facility

MONITORING

- Requires continuous oversight
  - Easy to revert to previous behaviors
  - Difficult to see immediate results
- Reports dependent upon clerk behavior
- Difficult to easily monitor individual activity

LESSONS LEARNED

- Engage leadership early on
  - Obtain a clinical and administrative proponent
- Identify needs of team
  - Training
  - Communications
  - Support
- Identify potential resistance points

LESSONS LEARNED

- Training program a MUST
- Revisit ALL staff members and retrain or refresh!
- Work closely with template managers to ensure proper appointment type application
- Solicit input from “foot soldiers” for trouble
- Communicate, communicate, communicate!

QUESTIONS/COMMENTS

There’s got to be more to it than that!!!!!!